

Opioid Overdose Prevention Program Registration

Program Name

Program Address

Authorized Provider Information: *(Check all that apply)*

Health Care Facility

NYS Operating Certificate Number: _____

NYS Permanent Facility Identification (PFI) No: _____

☐ Hospital☐ Diagnostic and Treatment Center (D&TC)☐ Health Care Practitioner☐ Drug Treatment Program☐ Not-for-Profit Community-Based Organization☐ Local Health Department**Program Director's Name**

Address

Telephone

Fax

Email

Clinical Director's Name

Address

License Type *(Check one)*☐ Physician☐ Physician Assistant☐ Nurse Practitioner

NYS License Number

Telephone

Fax

Email

Description of Targeted Population**Targeted Responder Outreach/Recruitment Strategy**

Opioid Overdose Prevention Program Registration

Affiliated Prescriber(s):

Name	License Type (<i>Check one</i>) <input type="checkbox"/> Physician <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Nurse Practitioner	NYS License Number
Name	License Type (<i>Check one</i>) <input type="checkbox"/> Physician <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Nurse Practitioner	NYS License Number
Name	License Type (<i>Check one</i>) <input type="checkbox"/> Physician <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Nurse Practitioner	NYS License Number
Name	License Type (<i>Check one</i>) <input type="checkbox"/> Physician <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Nurse Practitioner	NYS License Number
Name	License Type (<i>Check one</i>) <input type="checkbox"/> Physician <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Nurse Practitioner	NYS License Number
Name	License Type (<i>Check one</i>) <input type="checkbox"/> Physician <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Nurse Practitioner	NYS License Number

Opioid Overdose Prevention Program Sites: *(Provide name of agency/facility/office and address.)*

1.)	2.)
3.)	4.)
5.)	6.)
7.)	8.)

Opioid Overdose Prevention Program Attestation:

The authorized provider submitting this application for registration attests that, upon being registered, it will abide by the provisions of 10 NYCRR 80.138 governing Opioid Overdose Prevention Programs and by the following requirements:

The Program Director will manage and have overall responsibility for the program and shall, at a minimum:

- Identify a physician, physician assistant, or nurse practitioner to oversee the clinical aspects of the Opioid Overdose Prevention Program;
- Establish the content of the training program, which meets the approval of the Department;
- Identify and train other program staff;
- Select and identify persons as Trained Overdose Responders;
- Issue certificates of completion to Trained Overdose Responders who have completed the prescribed program;
- Maintain Opioid Overdose Prevention Program records including Trained Overdose Responder training records, Opioid Overdose Prevention Program usage records and inventories of Opioid Overdose Prevention Program supplies and materials;
- Ensure that all Trained Overdose Responders successfully complete all components of Opioid Overdose Prevention Training Program;
- Provide liaison with local emergency medical services and emergency dispatch agencies, where appropriate;
- Assist the Clinical Director with review of reports of all overdose responses, particularly those including opioid antagonist administration; and,
- Report all administrations of an opioid antagonist on forms prescribed by the Department.

The Clinical Director, who must be a physician, physician assistant or nurse practitioner, has responsibility for clinical oversight for the program and shall, at a minimum:

- Provide clinical consultation, expertise, and oversight;
- Serve as a clinical advisor and liaison concerning medical issues related to the Opioid Overdose Prevention Program;
- Provide consultation to ensure that all Trained Overdose Responders are properly trained;
- Adapt and approve training program content and protocols; and,
- Review reports of all administrations of an opioid antagonist.

The following must be available for inspection by the Department:

- A list of Trained Overdose Responders, including dates of completion of training;
- A log of Opioid Overdose Prevention Trainings which have been conducted;
- Copies of program policies and procedures;
- A copy of the contract/agreement with the Clinical Director, if appropriate;
- Opioid antagonist administration usage reports and forms; and,
- Documentation of review of administration of an opioid antagonist.

Program Director: Signature: _____ Date: _____

Clinical Director: Signature: _____ Date: _____

Note: Submission of a completed Opioid Overdose Prevention Program Registration (DOH-4391) does not constitute registration until the NYS Department of Health issues a certificate of approval.

Questions regarding registration should be directed to: (212) 417-4770

Submit completed Opioid Overdose Prevention Program Registration (DOH-4391) to:
AIDS Institute, Division of HIV Prevention
NYS Department of Health
Room 308, Corning Tower
Albany, New York 12237